Under the Paperwork Reduct	on Act of 199	95 no persons are required	to respond to a collection	of information un	less it displays a va	alid OMB control number	
Effec		Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL For FY 2009  Applicant claims small entity status. See 37 CFR 1.27			Application Num	ber 10/590,	10/590,733 Conf. No.: 118		
			<ul> <li>Filing Date</li> </ul>	Decemb	December 20, 2006		
			First Named Inv	entor Ambros	Ambrose Jacob Spinnler BENADE		
			Examiner Name	H. T. ME	H. T. MEHTA		
			Art Unit	1784			
TOTAL AMOUNT OF PAY	MENT (S	490.00	Attorney Docket	No. 3587-01	26PUS1		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number, 02-2448 Deposit Account Name:							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee							
Charge any additional fee(s) or underpayments of fee(s)							
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
Information and authorization on PTO-2038.							
FEE CALCULATION							
BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES SEARCH FEES EXAMINATION FEES							
i	FEES SE Small Entity	ARCH FEES Small Entity		INATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$) Fee	(\$) Fee (\$)		ee (\$)	Fees Paid (\$)	
Utility	330	165 54			10		
Design	220	110 10		140	70	_	
Plant	220	110 33	- 105	170	85		
Reissue	330	165 54	0 270	650 3	25 _		
Provisional	220	110	0 0	0	0		
2. EXCESS CLAIM FEES         Small Entity           Fee Description         Fee (\$)							
Each claim over 20 (including Reissues)					52	26	
Each independent claim over 3 (including Reissues)						110	
Multiple dependent claims  Total Claims Extra Claims Fee (\$) Fee Paid (\$)						195	
Total Claims					Multiple Depend Fee (\$)	ent Claims Fee Paid (\$)	
HP = highest number of total	claims paid f	or, if greater than 20.			1.00 (4)	ee raiu (\$)	
Indep. Claims 4 - 8 or HP =	Extra Clair 0	<u>ms Fee(\$) F</u> x =	ee Paid (\$) 0.00	-			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof = Fee (\$) = Fee Paid (\$) = 0.00 (round up to a whole number) x							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)							
Other (e.g., late filing surcharge): Two Month Extension of Time 490.00							
SUBMITTED BY							
Signature / //	<del>//</del>	1//	Registration No. 43	368	Telephone 703	205 8000	
(Attorney/agent)							
Name (Print/Tyte) Paul C. Lewis Date September 28, 2010							

This callection of information is required by 3 C CRT, 1.138. The information is required to obtain or retain a benefit by the public which is to 18 cpt and by the USPTO be processed an angilication. Confidentiality is governed by 30 U.S. C. 122 and 3 C CRT, 1.14. The collection is estimated to take 0.0 minutes to complete, including againstring, preparing, and submitting the completed againstance from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of the report service to complete the item mander's suggestance for metaining the burdon, should be sent to the Chief information Office. U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Mexandria, VA 22313-1450, D NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND ITO: Commissionator for Patents, P.O. Box 1450, Mexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.